



# CHILD CARE ASSISTANCE CHANGE REPORT

ND DEPARTMENT OF HUMAN SERVICES

PUBLIC ASSISTANCE DIVISION

SFN 670 (5-2007)

Complete this form if you have a **mandatory** change to report for the Child Care Assistance Program.

This form must be returned to your local County Social Service Office no later than the 10th of the month following the month the change occurred.

|                                       |                        |       |          |
|---------------------------------------|------------------------|-------|----------|
| Client Name                           |                        |       |          |
| Address Currently Known to CSS Office | City                   | State | Zip Code |
| Telephone Number                      | Social Security Number |       |          |

## REPORT ONLY MOST CURRENT CHANGE BELOW:

|             |      |       |          |
|-------------|------|-------|----------|
| New Address | City | State | Zip Code |
|-------------|------|-------|----------|

|                           | Start Date | End Date |
|---------------------------|------------|----------|
| Job Search                |            |          |
| TANF                      |            |          |
| Diversion Assistance      |            |          |
| Crossroads                |            |          |
| End of Work Activity      |            |          |
| Who Moved Out of the Home | Date       |          |
| Who Moved in the Home     | Date       |          |

## POSTSECONDARY EDUCATION

|   |                      |
|---|----------------------|
| If you changed to another course of study, list the name of the new course of study   | Date Change Occurred |
| If you completed a certificate, certificate of completion, postsecondary degree, Associate of Applied Science (AAS) or other vocational training, list what you completed | Date this Occurred   |

|                             |
|-----------------------------|
| Other Information to Report |
|-----------------------------|

|                    |      |
|--------------------|------|
| Client's Signature | Date |
|--------------------|------|